

**Amendment No. 1 to HB1110**

**Harwell**  
**Signature of Sponsor**

**AMEND Senate Bill No. 774\***

**House Bill No. 1110**

by deleting the language of SECTION 1, § 56-7-3203(a) and (b) and by substituting instead the following:

§ 56-7-3203.

When a patient's out-of-pocket cost for a prescription or covered service is percentage-based, the covered entity or pharmacy benefits manager shall calculate the out-of-pocket cost such that when the out-of-pocket cost is added to the amount that the covered entity or pharmacy benefits manager will directly pay to the pharmacy or other dispenser the sum will equal the actual reimbursement. The requirements of this section shall not apply when patient out-of-pocket cost for a prescription or covered service is percentage-based for only a specified portion or pre-defined subset of drug tiers or specialty drug categories and the remainder of the covered drug prescriptions or services available to the patient are associated with predefined and specific out-of-pocket costs.

AND FURTHER amend by adding the following new language to the end of SECTION 1:

§ 56-7-3205.

The requirements of this part shall only be construed to apply to policies, contracts and certificates executed, delivered, issued for delivery or renewed in this state on or after January 1, 2010.